

FY2008 Final Report Kentucky Peer Advisory Network

| | Grant Program | | | |
|--|--|-------------------------|------------------------------|--|
| 3/20 | This Final Report must be completed by the Kentucky Peer Adand copies of it returned to the Kentucky Arts Council and the Organization within two weeks of the consultancy completion date | | | |
| | Grant Number: | F | iscal Year: | |
| | KPAN Advisor: | | | |
| | Client Organization: | | | |
| | Consultancy Dates: | Begin Date: | End Date: | |
| What was the purpose of the consultanc | <i>u</i> • | | | |
| what was the purpose of the consultance | y. | | | |
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| Who in the Client Organization par | ticipated in the consu | ıltancy? | | |
| Please provide first and last name | s, and indicate the inc | dividual's association | n with the organization. For | |
| example: Board Member, Committe | | | _ | |
| First Name, Last Name, Association | n: | | | |
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| What advance information or material did | d the Client Organization | orovide to the KPAN Adv | visor? | |
| Type of Information Provided: Please che | _ | | | |
| ☐ Minutes from Board Meetings | р | | | |
| ☐ Promotional Materials | | | | |
| ☐ Financial Statements | | | | |
| ☐ Grant Applications☐ Newspaper/Magazine Articles | | | | |
| Other, Please Specify: | | | | |
| Was the information/material sufficient? | ☐ Yes or ☐ No | | | |
| If no, please state why: | 00 0 100 | | | |
| Please send copies of any addition | al materials provided | to the Client Organi | zation by the KPAN Advisor | |
| along with the signed copy of this | | to the onem organi | Lation by the Ki Alt Advisor | |

KENTUCKY PEER ADVISORY NETWORK – Peer Advisor Final Report

What are your recommendations for the Client Organization?

Please include 3 BENCHMARKS the organization should work towards to help them reach their stated goals.

| KPAN ADVISOR INFORMATION | | | | | |
|--|--------|-------|------|--|--|
| Mail Address: | | | | | |
| City: | State: | Zip: | | | |
| County: | | | | | |
| Phone: | Fax: | | | | |
| Email: | | | | | |
| Number of Individuals who benefited from this grant: | YOUTH | 1 Al | DULT | | |
| Number of artists who participated in this activity: | | | | | |
| | | | | | |
| KPAN ADVISOR SIGNATURE | | | | | |
| I certify that the foregoing statements and enclosures are true and complete to the best of my knowledge. All signatures must be in BLUE or RED ink. | | | | | |
| Advisor's Signature: | 1 | Date: | | | |

Mailing Address for Final Report

Kentucky Arts Council 21st Floor, Capital Plaza Tower 500 Mero Street Frankfort KY 40601-1987